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Bib Data Sheet

CONFIRMATION NO. 8968

SERIAL NUMBER 10/666,639	FILING DATE 09/19/2003 RULE	CLASS 264	GROUP ART UNIT 1732	ATTORNEY DOCKET NO. DRE-0111
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/478,903 06/13/2003

MSD

PCT/US04/18528 is a continuation of 10/666,639

** FOREIGN APPLICATIONS *****

MSD

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 12/12/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 0	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials _____				

ADDRESS

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TITLE

Max phase glove and condom formers

FILING FEE RECEIVED 440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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